

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G		10/23/00
O.I.P.E. CLASSIFIER		43	10/26/00
FORMALITY REVIEW	WM	869	11-15-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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